



# Bayswater Lacrosse Club



PO Box 22

Bayswater WA 6053

web site [www.bayswaterlacrosse.com](http://www.bayswaterlacrosse.com)

## School Clinic Request



## Booking Sheet

Please note that a minimum of two sessions at a time is preferred as coaches may have to travel a distance to conduct the sessions. Due to the large number of requests last year, a maximum of two sessions per group can be offered at this time eg. Year 5; 10-11am & Year 6; 11-12noon for two Wednesdays. If we do not use all our funding then extra sessions may be available

School Name \_\_\_\_\_

Address \_\_\_\_\_

### Teacher Contact

Name \_\_\_\_\_ Position \_\_\_\_\_

Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

### Requested Booking Dates

Term \_\_\_\_\_

Dates \_\_\_\_\_

### Class Details

Number of Classes \_\_\_\_\_

Times \_\_\_\_\_

Number of students per class \_\_\_\_\_

Is your school currently involved in an interschool sports programme  
Yes / No

Would you be interested in participating in our lacrosse carnival term one all day  
maybe a Friday Yes / No or on another day \_\_\_\_\_

For further details please contact Carole Bowland 9249 3417 or 0407 801574 or email: [bowlac@hotmail.com](mailto:bowlac@hotmail.com) for a quicker response as we only check the mail box once a month in the non playing season for Bayswater Lacrosse Club

- Please go to our web site [www.bayswaterlacrosse.com](http://www.bayswaterlacrosse.com)